

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Prosthetic Providers
Orthotic Providers
Pharmacists
DME Providers
Managed Care Plans
Regional Administrators
CSO Administrators

Memorandum No: 02-66 MAA
Issued: July 1, 2002

For Information Contact:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Subject: Revised Fee Schedule for Support Devices/Orthotics

<p>Effective for dates of service on and after July 1, 2002, the Medical Assistance Administration (MAA) will use Medicare's 2002 fees for support devices/orthotics.</p>
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Attached are replacement pages J.23 – J.28 for MAA's Wheelchairs, Durable Medical Equipment (DME) and Supplies Billing Instructions, dated September 2001.

Bill MAA your usual and customary charge.

To obtain MAA's billing instructions and/or numbered memorandums electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

BLOOD MONITORING

Procedure Code	Description	Rental (RR)	Purchase (1P)
E0607	Home blood glucose monitor. Purchase only. Limit of one (1) per client, per three (3) years.		\$68.26
E0609	Specialized blood glucose monitor. Requires prior authorization. Purchase only. Limit of one (1) per client, per three (3) years.		\$594.14
A4660	Sphygmomanometer/blood pressure kit. Purchase only.		\$28.97
A4663	Blood pressure cuff only. Purchase only.		\$16.83
A4670	Automatic blood pressure monitor. Purchase only.		\$84.78

SUPPORT DEVICES/ORTHOTICS*All items in this category are for PURCHASE ONLY.*

Procedure Code	Description	July 1, 2002 Maximum Allowable
L0110	Cervical craniostenosis, helmet, nonmolded	\$116.00
L0120	Cervical, flexible, nonadjustable (foam collar)	\$26.34
L0140	Cervical, semi-rigid, adjustable (plastic collar)	\$63.55
L0172	Cervical collar, semi-rigid, thermoplastic foam, two piece	\$102.09
L0210	Thoracic, rib belt	\$32.97
L0300	TLSO, flexible (dorso lumbar surgical support). If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$170.89
L0500	LSO, flexible (lumbo-sacral surgical support). If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$134.63
L0515	LSO, flexible (lumbo-sacral surgical support) elastic type, with rigid posterior panel. If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$152.42
L0600	Sacroiliac, flexible (sacroiliac surgical support) fitted. If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$89.98
L0900	Torso support, ptosis support. If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$140.77
L0920	Torso support, pendulous abdomen support. If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$139.72

Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Description	July 1, 2002 Maximum Allowable
L0940	Torso support, post surgical support. If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$134.53
L0960	Torso support, post surgical support, pads for post surgical support. If supplied for the treatment of Scoliosis, a Washington State Department of Health license is required.	\$53.11
L0978	Axillary crutch extension	\$152.78
L0980	Peroneal straps, pair	\$13.83
L0982	Stocking supporter grips, set of four (4)	\$12.90
L1800	KO, elastic with stays	\$50.90
L1810	KO, elastic with joints	\$84.89
L1815	KO, elastic or other elastic type material with condylar pad(s)	\$87.52
L1820	KO, elastic with condylar pads and joints	\$107.40
L1825	KO, elastic knee cap	\$47.82
L1830	KO, immobilizer, canvas longitudinal	\$83.24
L1902	AFO, ankle gauntlet	\$72.88
L1906	AFO, multi ligamentus ankle support	\$89.54
L3650	SO, figure of eight design abduction restrainer	\$46.05
L3660	SO, figure of eight design abduction restrainer, canvas and webbing	\$74.88
L3670	SO, acromio/clavicular (canvas and webbing type)	\$85.64
L3700	EO, elastic with stays	\$57.43

Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Description	July 1, 2002 Maximum Allowable
L3710	EO, elastic with metal joints	\$90.07
L3908	WHO, wrist extension control cock-up, non molded	\$58.21
L3912	HFO, flexion glove with elastic finger control	\$92.13
L3914	WHO, wrist extension cock-up	\$72.42
L3916	WHFO, wrist extension cock-up, with outrigger	\$98.12
L3918	HFO, knuckle bender	\$62.06
L3920	HFO, knuckle bender, with outrigger	\$81.48
L3922	HFO, knuckle bender, two segment to flex joints	\$94.99
L3924	WHFO, Oppenheimer	\$103.59
L3926	WHFO, Thomas suspension	\$71.89
L3928	HFO, finger extension, with clock spring	\$46.24
L3930	WHFO, finger extension, with wrist support	\$44.83
L3932	FO, safety pin, spring wire	\$39.62
L3934	WHFO, safety pin, modified	\$46.81
L3936	WHFO, Palmer	\$86.53
L3938	WHFO, dorsal wrist	\$89.06
L3940	WHFO, dorsal wrist, with outrigger attachment	\$104.44
L3942	HFO, reverse knuckle bender	\$56.62
L3944	HFO, reverse knuckle bender, with outrigger	\$76.61

Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code	Description	July 1, 2002 Maximum Allowable
L3946	HFO, composite elastic	\$86.09
L3948	FO, finger knuckle bender	\$40.50
L3950	WHFO, combination Oppenheimer, with knuckle and two attachments	\$128.23
L3952	WHFO, combination Oppenheimer, with reverse knuckle bender and two attachments	\$161.68
L3954	HFO, spreading hand	\$88.49
L4350	Pneumatic ankle control splint (e.g., aircast)	\$73.29
L4380	Pneumatic knee splint (e.g., aircast)	\$102.57
L8000	Breast prosthesis, mastectomy bra	\$32.77
L8010	Breast prosthesis, mastectomy sleeve	\$57.97
L8300	Truss, single with standard pad	\$83.14
L8310	Truss, double with standard pads	\$116.44
L8320	Truss, addition to standard pad, water pad	\$44.33
L8330	Truss, addition to standard pad, scrotal pad	\$39.16

MISCELLANEOUS DURABLE MEDICAL EQUIPMENT

Procedure Code	Description	Rental (RR)	Purchase (1P)
0170E	Breast pump, electric, complete system. Hospital grade. Modifier (RR) required. Rental only. (See criteria for prior authorization requirements.)	\$2.80/day	
0179A	Breast pump, manual, complete system. Purchase only.		\$31.01
0167E	Lightweight protective helmet/soft shell, including adjustable chin/mouth. Limit of two per client, per year. Included in nursing facility daily rate. Purchase only.		\$85.91
0168E	Lightweight, ventilated hardshell helmet, including unbreakable face bar, woven chin strap w/adjustable buckle and snap fastener, and one set of cushion pads for adjusting fit from 18" to 25" head circumference. Limit of two per client, per year. Included in nursing facility daily rate. Purchase only.		\$159.20
0169E	Bilirubin light, bili-lite pad. Limit of 5 days per client per 12-month period. Rental only.	\$3.99/day	
0181A	Breast pump kit, electric. Purchase only.		\$37.36
0903E	Gastric suction pump. Requires (RR) modifier. Requires prior authorization.	\$52.88	
E0650	Pneumatic compressor, nonsegmental home model. Modifier (RR or 1P) required. Deemed purchased after one years' rental. Included in nursing facility daily rate. (See criteria for prior authorization on rentals.)	\$81.14	\$735.75
0857E	Extremity sleeves (e.g., Jobst, B.R. Huntleigh). Purchase only.		80%